Costs were calculated on the actual resources used by each patient and assigned to the treatment group to which the patient was randomized. Direct medical resource use data was costed over six months post transplantation. A local health economist collected cost information from published sources and personal interviews with clinicians. Costs were collected on study drug, concomitant medication, hospitalization, dialysis, and rejection episodes. To explore the impact of any variability of costs, a one-way sensitivity analysis was conducted. **RESULTS:** Six months after transplantation, patient survival was 99.3% (Tac) and 98.5% (CyA), p = 0.366; graft survival was 94.6% (Tac) and 91.9% (CyA), p = 0.139. The incidence of acute graft rejection was 32.5% (Tac) and 51.3% (CyA), p < 0.0001. Cost-minimization analysis revealed savings for tacrolimus (per patient) of Euro 583–1874 for surviving patients, and Euro 781–2305 for patients with functioning grafts. Tacrolimus was cost-effective for patients with rejection-free grafts; savings per patient were Euro 4627–9919. The tacrolimus group consistently had lower total costs than the cyclosporin group. The cost advantages for tacrolimus were a result of lower overall hospitalization costs and lower incidences of dialysis and graft rejection. **CONCLUSION:** A sensitivity analysis regarding the main cost drivers (hospitalization, study drug, and concomitant medication) generally confirmed the robustness of this finding across all three countries.

PRK8

COSTS AND CLINICAL CONSEQUENCES OF ALFUZOSIN AND DOXAZOZIN IN BENIGN PROSTATIC HYPERPLASIA IN UKRAINE

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OBJECTIVE: Randomized controlled clinical trials have demonstrated, that alfuzosin (dalfaz R) is comparable to doxazosin (cardura) in benign prostatic hyperplasia. We compare the costs and clinical consequences of alfuzosin vs doxazosin from the perspective of public health care in Ukraine. Both drugs provide long-lasting relief of symptoms. **METHODS:** We compared the rates of PSA assay, of prostate volume, of while urinary flow (Qmax). Patients filled in both the generic IPSS. To calculate the drug-acquisition costs. **RESULTS:** A total of 106 patients (54 alfuzosin, 52 doxazosin) were treated in 6 months. The mean age of patients was 63.7 years. Relief was seen as early as one week after the initiation of therapy. We compared the rates at 1, 3, and 6 months; the prostate volume decreased by 18% and 19% in the doxazosin and alfuzosin groups, respectively, while urinary flow (Qmax) increased by 28 to 29%. The mean percent change in IPSS was 39.8% (p < 0.05). Overall symptoms improved in two groups. The direct costs of alfuzosin were 910.0 UAH vs doxazosin 714.1 (1USD = 5.3 UAH) per one patient. The total cost of 100 patients treated with doxazosin were decrease by 27.4% vs alfuzosin. **CONCLUSIONS:** There was no difference in the clinical consequences of doxazosin vs alfuzosin treatment. Our study showed that the treatment with doxazosin may offer economic advantages over alfuzosin, the results may provide a basis for creation of formulary system in Ukraine.

PRK9

COST-EFFECTIVENESS OF TAMSULOSIN, DOXAZOSIN AND TERAZOSIN IN THE TREATMENT OF BENIGN PROSTATIC HYPERPLASIA

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OBJECTIVE: To evaluate the cost-effectiveness of tamsulosin, doxazosin or terazosin as initial treatments for moderate benign prostatic hyperplasia (BPH). **METHODS:** A decision analytic model is used to project the costs and effectiveness of treatment at 6-month intervals over three years following initiation of therapy with tamsulosin, doxazosin or terazosin. Patients initially treated with doxazosin or terazosin who discontinue due to hypotensive events are switched to tamsulosin. Finasteride is added in the event of treatment failure not related to adverse events. Medical treatment failures transition to transurethral resection of the prostate (TURP) and, if needed, a second TURP. Values for treatment failure rates and clinical event cost parameters are derived from the literature. Only direct medical costs are included and are discounted by 3% per year. Effectiveness is measured as successful medical treatment (without TURP) over three years. **RESULTS:** In the reference case, discounted BPH-related total direct medical costs over 3 years are $3715, $3756, and $3992 for generic terazosin, generic doxazosin, and tamsulosin, respectively. Estimated medical treatment success rates at 3 years are 72.41% for tamsulosin, 69.62% for terazosin and 69.28% for doxazosin. The incremental cost for tamsulosin vs. terazosin is $278, which yields an incremental cost-effectiveness ratio of $9964 per success. Decision model results are sensitive to parameter values for treatment efficacy, drug costs, discontinuation rates, and dosing frequency. **CONCLUSION:** As an initial medical therapy for moderate BPH, tamsulosin is more effective than generic terazosin or doxazosin, with an incremental cost of about $93 per year or about $7.75 per month. From a payer's perspective, with differential generic/brand patient co-pays of $8/month or more, tamsulosin is cost saving.

PRK10

COST-MINIMISATION ANALYSIS AND ACCEPTANCE OF SELF-INJECTING SUBCUTANEOUSLY R-HUEPO WITH RECOPEN® FOR MANAGEMENT OF ANAEMIA IN A POPULATION OF FRENCH ADULT PATIENTS ON DIALYSIS

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